## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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maintenance fee notifica	tions.				o,	, mareaning a sepa		
CURRENT CORRESPOND	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
26574	7590 12/11							
SCHIFF HARI PATENT DEPA 233 S. Wacker I	I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
CHICAGO, IL 6	00000-04/3		(Depositor's name)					
							(Signature)	
		e .					(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/579,980	03/26/2007		Urban Blomberg		P06,0132 3597			
TITLE OF INVENTION: METHOD AND APPARATUS FOR DETERMINING AN EMG SIGNAL								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	JE FEE T	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$0 \$1810		03/11/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS					
PANI, JOHN		3736	600-546000					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Maquet Critical Care AB  Solna, SWEDEN								
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
4a. The following fce(s) are submitted:  ✓ Issue Fee  ✓ Publication Fee (No small entity discount permitted)  ✓ Advance Order - # of Copies			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Electronically  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
5. Change in Entity Sta	tus (from status indicated s SMALL ENTITY state	•	☐ b. Applicant is no	longer claiming SMA	LL ENTITY	Y status. See 37 CF	FR 1.27(g)(2).	
NOTE: The Issue Fee an	d Publication Fee (if req		d from anyone other th	-			e assignee or other party in	
Authorized Signature /Steven H. Noll/			Date_ February 15, 2010					
Typed or printed name Steven H. Noll			Registration No. 28,982					
an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 d application form to the ons for reducing this bur irginia 22313-1450. DC 13-1450.	U.S.C. 122 and 37 CFR	1.14. This collection is depending upon the ince Chief Information Of COMPLETED FORMS	estimated to take 12 adividual case. Any c ficer, U.S. Patent and TO THIS ADDRES	minutes to comments on I Trademark	complete, including the amount of tin Office, U.S. Depa O: Commissioner f	by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, number.	